City of Port St. Lucie

Procurement Management Division

121 SW Port St. Lucie Blvd,, Port St. Lucie, FL 34984

[CLASSIC CUTS LANDSCAPE & FISH POND DESIGN INC.] RESPONSE DOCUMENT REPORT

IFB No. 20260215

Preventive Maintenance of Bridges & Water Control Structures

RESPONSE DEADLINE: July 16, 2026 at 3:00 pm

Report Generated: Friday, July 17, 2026

Classic cuts landscape & Fish Pond Design Inc. Response

CONTACT INFORMATION

Company:
Classic cuts landscape & Fish Pond Design Inc.

Email:
classiccutslandscapepsl@gmail.com

Contact:
Michael Ryckman

Address:
1003 tilton road
port saint lucie, FL 34952

Phone:
(561) 718-8867

Website:
N/A

Submission Date:
Jul 13, 2026 12:42 PM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. Mandatory Forms

CONTRACTOR'S GENERAL INFORMATION WORKSHEET*
It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Please download the below documents, complete, and upload.

- PSL-Contractor's_General_In...

contractors_work_sheet_structures_&_Bridges_2026.pdf

E-VERIFY FORM *
Please download the below documents, complete, and upload.

- E-Verify_Form.pdf

E-Verify_Form.pdf

NON-COLLUSION AFFIDAVIT *

Please download the below documents, complete, and upload.

- Non-Collusion_Affidavit-fil...

non_collusion_affidavit.pdf

SUPPLIER LOCATION CERTIFICATION
Please download the below documents, complete, and upload.

- Supplier_Location_Certifica...

supplier_location.pdf

COPY OF W-9*
2026_w9.pdf

COPY OF CERTIFICATE OF INSURANCE *
auto_&_general_lib_ins_2026_city_of_psl.pdf
workers_comp_exemp_2026.pdf

COPY OF LICENSES OR CERTIFICATIONS*
occupational_license.pdf
environmental_protection_liscense.pdf

COPY OF BID BOND *
bid_bond.pdf

COPY OF EQUIPMENT LIST*
2026_Equipment_list.pdf

2. Electronic Confirmation

CONE OF SILENCE AND COMMUNICATION DOCUMENT*

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on the OpenGov Portal, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

CONTRACTOR'S CODE OF ETHICS*

The City of Port St Lucie ("City), through its Procurement Management Division ("Procurement Management Division") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Division requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.
- Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.
- Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.

♦ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.

♦ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.

♦ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to, the following:

o Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.

o Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.

o Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor Contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

Confirmed

DRUG FREE WORKPLACE*
The undersigned Contractor in accordance with section 287.087, Florida Statutes, hereby certifies that they comply fully with the below requirements.

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Confirmed

AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS*
In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder (“Entity”), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

VENDOR SCRUTINIZED COMPANIES LIST CERTIFICATION*
Sections 287.135 and 215.473, Florida Statutes, prohibit Florida municipalities from contracting with companies, for goods or services over $1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or to engage in any Business operations with Cuba or Syria. Sections 287.135 and 215.4725

also prohibit Florida municipalities from contracting with companies, for goods or services in any amount that are on the list of Scrutinized Companies that Boycott Israel.

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link:

https://www.sbafla.com/media/mqodaonn/2024_12_17_-israel-scrutinized-companies-list-for-web.pdf

As the person authorized to sign on behalf of the Respondent Vendor, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List; or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not participating in a boycott of Israel; and does not have any business operations with Cuba or Syria. I understand that pursuant to Sections 287.135 and 215.473, Florida Statutes, the submission of a false certification may subject the Respondent Vendor to civil penalties, attorney's fees, and/or costs.

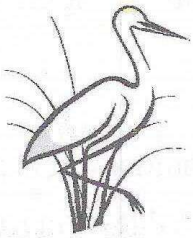
I understand and agree that the City may immediately terminate any contract resulting from this solicitation upon written notice if the company referenced above are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) for any contract for goods or services in any amount of monies, it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars ($1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

Confirmed

I CERTIFY THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OUTLINED IN THIS SOLICITATION, INCLUDING ALL ADDENDA, NOTICES, AND THE QUESTION & ANSWER SECTION. FURTHERMORE, I CONFIRM THAT I AM AUTHORIZED TO SUBMIT THIS RESPONSE ON BEHALF OF MY COMPANY.*
Confirmed

PRICE TABLES

Line Item	Description	Quantity	Unit of Measure	Annual Occurrence	Unit Cost	Total
1	Water Control Structures	159	Each	6	$180.00	$28,620.00
2	Bridges	25	Each	6	$630.00	$15,750.00
TOTAL						**$44,370.00**



PORT ST. LUCIE

CONTRACTOR'S GENERAL INFORMATION WORK SHEET

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation

2. Firm's name and main office address, telephone and fax numbers

Name:Classic Cuts & Fish Pond Design Inc.

Address:1003 Tilton Road

Telephone Number:772-201-7716 561-718-8867

Fax Number:

3. Contact person: Michael Ryckman _Email: Classiccutslandscapepsl@gmaill.com

4. Firm's previous names (if any). N/A

5. How many years has your organization been in business? 30

6. Is the firm claiming Local Preference under City Ordinance 35.12? YES

7. List the license(s) that qualifies your firm to construct this project: __7202 Landscape/Lawn Care 7299 Misc/Public Service

8. List five (5) similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference**.

Project Number 1

Project Name:Pinecrest Lakes

Description:Lawn Maitenance, weed ,eating, edging ,blowing

Location:Jensen Beach Pinecrest lakes homeowners association

Client Name, Phone Number & Email: Ashley Pinecrest Management 772-867-1495

Value of Total Contract: 55,200.00

Date of Completion: Present

Firm's Percentage of Total Contract: 0

Number of Change Orders:0

Value of Change Orders:0

Was Project Completed on Schedule:yes

Was Project Completed within Budget?yes

Project Number 2

Project Name:Bridges & Structures

Description: Mowing of Bridges & Structures

Location:City of Port Saint Lucie

Client Name, Phone Number & Email:City of Psl

Value of Total Contract:34,974.00

Date of Completion: June 29,2026

Firm's Percentage of Total Contract:0

Number of Change Orders:0

Value of Change Orders:0

Was Project Completed on Schedule:yes

Was Project Completed within Budget?yes

Project Number 3

Project Name:Las Palmas

Description:Homeowners Association lawn maintenance

Location:Port Saint Lucie

Client Name, Phone Number & Email:laspalmay40A@hotmail.com

Value of Total Contract:35,000.00

Date of Completion: January 2026

Firm's Percentage of Total Contract:0

Number of Change Orders:0

Value of Change Orders:0

Was Project Completed on Schedule:yes

Was Project Completed within Budget? yes

Project Number 4

Project Name:EWIP

Description:upland maintenance for eastern water shed

Location:Port Saint Lucie

Client Name, Phone Number & Email:City of PSL

Value of Total Contract:98,000

Date of Completion:Present

Firm's Percentage of Total Contract:0

Number of Change Orders:0

Value of Change Orders:0

Was Project Completed on Schedule:yes

Was Project Completed within Budget? yes

Project Number 5

Project Name:

Description:

Location:Lox

Client Name, Phone Number & Email

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

9. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

_____Michael Ryckman R255-553-71-0820_ Pedro Velasquez P629-399-34-500-0_____

10. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: ___0_____

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

11. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? No

If yes, please explain:

12. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

____n/a_____

__

(N/A is not an acceptable answer - insert lines if needed)

13. List any judgments from lawsuits in the last five (5) years:
n/a

(N/A is not an acceptable answer - insert lines if needed)

14. List any criminal violations and/or convictions of the Proposer and/or any of its principals:
n/a

(N/A is not an acceptable answer - insert lines if needed)

15. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

n/a

Signature

owner
Title

PORT ST. LUCIE

NON-COLLUSION AFFIDAVIT

State of Florida }

County of St lucie }

Michael Ryckman, being first duly sworn, disposes and says that:
(Name/s)

1. They are Owner of Classic Cuts & Fish Pond design. the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

PORT ST. LUCIE

(Signed) _____

(Title) Owner

STATE OF FLORIDA }
COUNTY OF ST. LUCIE} SS:

The foregoing instrument was acknowledged before me this *(Date)* July 2, 2026

by: Michael Ryckman who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

Commission No. HH659393

Notary Print: Dorothy Fisher

Notary Signature: Dorothy Fisher

NOTARY PUBLIC STATE OF FLORIDA
DOROTHY FISHER
MY COMMISSION # HH 659393
EXPIRES: May 7, 2029

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Michael Ryckman

2 Business name/disregarded entity name, if different from above.

Classic Cuts & Fish Pond Design Inc.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

1003 Tilton Road

Requester's name and address (optional)

6 City, state, and ZIP code

Port Saint Lucie Fl 34952

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

0 6 8 – 7 0 – 6 8 2 4

or

Employer identification number

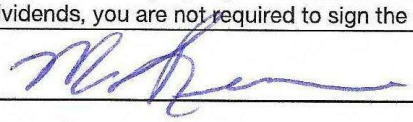
2 2 – 3 8 9 8 4 2 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person**  **Date** 7-1-2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/01/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	ALLISON BOHL	
ORIGINS INSURANCE, LLC 9055 AMERICANA ROAD STE. 27 VERO BEACH, FL 32966	PHONE (A/C, No, Ext):	(772) 409-4133	FAX (A/C, No):
	E-MAIL ADDRESS:	ALLISON@ORIGINSINSURANCE.COM	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	EVERSPAN INSURANCE COMPANY	24961
INSURER B :	INTEGON PREFFERED INSURANCE COMPANY	31488
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

CLASSIC CUTS & FISH POND DESIGNS, INC.
DBA CLASSIC CUTS LANDSCAPE
1003 TILTON ROAD
PORT ST. LUCIE, FL 34952

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	CEG-00357629-00	10/28/2025	10/28/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	X PRIMARY & NON-CONTRIBUTORY						MED EXP (Any one person)	$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	POLICY [X] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY	Y	Y	2020316212	10/05/2025	10/05/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	X OWNED AUTOS ONLY; [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY; [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					[ ] PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CONTRACT #20180159 & 20240137

CITY OF PORT ST LUCIE A MUNICIPALITY OF THE STATE OF FLORIDA ITS OFFICERS AND AGENTS AND EPLOYEE'S AS ADDITIONAL INSURED , ADDITIONAL INSURED FOR ON-GOING OPS.30-DAY NOTICE OF CANCELLATION..

CERTIFICATE HOLDER

CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allison Bohl

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – WITH ADDITIONAL INSURED REQUIREMENT IN CONSTRUCTION CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section II – Liability is amended as follows:

A. The following is added to Paragraph **C. Who Is An Insured:**

3. Any person(s) or organization(s) for whom you are performing operations is also an additional insured, if you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be included as an additional insured on your policy. Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

a. Your acts or omissions; or

b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

a. Only applies to the extent permitted by law; and

b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends on the earlier of the date:

a. When your operations for that insured are completed; or

b. The contract or agreement you have entered into with the additional insured is terminated.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or

2. Available under the applicable Limits Of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

D. This insurance is excess over any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless in writing in a contract or agreement described in A. above specifically requires that this insurance be provided on either a primary basis or a primary and noncontributory basis.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph **H. Other Insurance** of **Section III – Common Policy Conditions** and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (BLANKET)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Person Or Organization:
Any person or organization with whom you agree in a written contract, executed prior to loss, to waive our right to recovery under this Businessowners Coverage Form
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** in **Section III – Common Policy Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Integon Preferred Insurance Company

This Endorsement Applies Only If
Form Number 10379 (01012014) Appears on the **Declarations Page**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF SUBROGATION

All the provisions of this Policy apply except as modified by this endorsement.

Policy No.: 2020316212

Effective: 10/5/2025 (12:01 A.M.)

This endorsement is issued to: CLASSIC CUTS LANDSCAPE LLC

GENERAL PROVISIONS

OUR RIGHT TO RECOVER PAYMENT section will not apply to:

CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

Integon Preferred Insurance Company

This Endorsement Applies Only If
Form Number 13537 (04012022) Appears on the **Declarations Page.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY NON-CONTRIBUTORY COVERAGE

Coverage is provided under this endorsement only when noted on the **Declarations Page** of this policy.

All the provisions of this Policy apply except as modified by this endorsement.

1. **PART A > LIABILITY COVERAGE** is amended by adding the following provision:

   Each person or organization shown in the Schedule below is an **insured** for Liability Coverage, however, only to the extent that person or organization qualifies as an **insured** under **PART A > LIABILITY COVERAGE.**

2. **PART A > LIABILITY COVERAGE:** The **OTHER INSURANCE** section is amended.

   The following provision is added as it applies to this endorsement only:

   This insurance is primary to and will not seek contribution from any other insurance available to the person or organization listed in the Schedule below on this endorsement provided that:

   (1) There is a written agreement between **you** and the person or organization listed on this endorsement, that this insurance shall be primary and without the right of contribution; and

   (2) Such written agreement was in force prior to any **loss** resulting in **bodily injury** or **property damage**.

All other policy terms and conditions apply.

Name Of Person(s) or Organization(s):

CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

(Information required to complete this endorsement, if not shown above, shall be shown on the **Declarations Page** of this policy.)

BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

*** * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * ***

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 11/5/2025 **EXPIRATION DATE:** 11/5/2027

PERSON: MICHAEL M RYCKMAN **EMAIL:** CLASSICCUTSLANDSCAPEPSL@GMAIL.COM

FEIN: 223898420

BUSINESS NAME AND ADDRESS:

CLASSIC CUTS & FISH POND DESIGNS, INC.

1003 TILTON ROAD

PORT SAINT LUCIE, FL 34952

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

CHRIS CRAFT Serving Our Neighbors
TAX COLLECTOR
ST. LUCIE COUNTY

P.O. Box 308, Fort Pierce, FL 34954
tcslc.com

2025 - 2026

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #4 Receipt #1010609

Type of business 7299 MISC/PUBLIC SERVICE (CREATING LANSCAPE PONDS) Expires SEPTEMBER 30, 2026

DBA name

Business: Classic Cuts & Fish Pond Designs Inc

Mailing address: Classic Cuts & Fish Pond Designs Inc
1003 Tilton Rd
Port St Lucie, FL 34952

Business location: 1003 Tilton Rd
Port St Lucie, FL 34952
GOOD FOR THIS LOCATION ONLY

RENEWAL

Original tax:	$15.10
Penalty:	$1.51
Collection cost:	$4.00
Total:	$20.61

St Lucie County
3414-501-0706-010/0

P03000115318

Paid 10/28/2025 20.61

0025-20251028-001751

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of $1 to $5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

Classic Cuts & Fish Pond Designs Inc
1003 Tilton Rd
Port St Lucie, FL 34952

CHRIS CRAFT Serving Our Neighbors
TAX COLLECTOR
ST. LUCIE COUNTY

P.O. Box 308, Fort Pierce, FL 34954
tcslc.com

2025 - 2026

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #4 Receipt #1010608

Type of business 7202 LANDSCAPE/LAWN CARE Expires SEPTEMBER 30, 2026

DBA name

Business: Classic Cuts & Fish Pond Designs Inc

Mailing address: Classic Cuts & Fish Pond Designs Inc
1003 Tilton Rd
Port St Lucie, FL 34952

Business location: 1003 Tilton Rd
Port St Lucie, FL 34952
GOOD FOR THIS LOCATION ONLY

RENEWAL

Original tax:	$15.10
Penalty:	$1.51
Collection cost:	$4.00
Total:	$20.61

St Lucie County
3414-501-0706-010/0

P03000115318

Paid 10/28/2025 20.61

0025-20251028-001751

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Pursuant to Florida law, Local Business Taxes are subject to change.

Classic Cuts & Fish Pond Designs Inc
1003 Tilton Rd
Port St Lucie, FL 34952

State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Michael M. Ryckman

GV32781-1 — Certificate #

GV32781 — Trainee ID #

GREEN INDUSTRIES BEST MANAGEMENT PRACTICES
TRAINING PROGRAM

00-53-3364B 06-2019

This space is intentionally left blank.

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Cashier's Check - Customer Copy

No. 6059103524

Void After 90 Days 30-1/1140 NFL

Date 07/13/26 12:18:46 PM

EAST PORT PLAZA
725 0109480 018

Pay * * * BANK OF AMERICA $2218 50 TWO TWO ONE EIGHT CTS CTS

$2,218.50

Two Thousand Two Hundred Eighteen and 50/100 Dollars

To The Order Of CITY OF PORT ST LUCIE

Not-Negotiable
Customer Copy
Retain for your Records

Remitter (Purchased By): CHRISTINA MARY LAPI

1641001973

Bank of America, N.A.
SAN ANTONIO,TX

Bid Bond
Bridges + Structures

00-53-3364B 06-2019

BANK OF AMERICA

Cashier's Check

No. 6059103524

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days 30-1/1140 NFL

Date 07/13/26 12:18:46 PM

EAST PORT PLAZA
725 0109480 018

Pay * * * BANK OF AMERICA $2218 50 TWO TWO ONE EIGHT CTS CTS

$2,218.50

Two Thousand Two Hundred Eighteen and 50/100 Dollars

To The Order Of CITY OF PORT ST LUCIE

Remitter (Purchased By): CHRISTINA MARY LAPI

Bank of America, N.A.
SAN ANTONIO,TX

Bid Bond Bridges + Water Structures

Titus Sue
AUTHORIZED SIGNATURE

00-53-3364B 06-2019

⑈6059103524⑈ ⑆114000019⑆ 1641001973⑈

Classic Cuts Landscaping
1003 Tilton Road
Port Saint Lucie Fl 34952

Equipment List 2026

Dixie Chopper 2020
Dixie Chopper 2023
Grasshopper 2024
Grasshopper 2022
John Deere 2024
12 Weed Eaters 2024
5 weed Eaters 2025
8 Blowers 2023
5 Blowers 2025

Cuti Custom trailer 2014 FB7 754
Express trailer License B43 27c
Kendal enclosed trailer license H25 9UE
2014 CUTL CUSTOM TRAILER CUSTOM TRAILER
VIN: 5WKBE1629E024754
2002 KIDR TRAILER VAN
VIN: 1K907X18X2D201156

Vehicles

14 FORD F150 SUPER CAB PICKUP 8 Cyl 4x4
VIN: 1FTFX1EF1EKG09392
2009 CHEV SILVERADO C1500 PICKUP 6 Cyl 4x2
VIN: 1GCEC14X89Z219341
2015 CHEV SILVERADO C1500 PICKUP 8 Cyl 4x2
VIN: 1GCNCPEC9FZ274424